

Good afternoon. I am Marilyn Martin, the mom of my adult son who lives with schizophrenia. I have supported the establishment of Assisted Outpatient Treatment or AOT in Maryland for over 10 years. However, in 2017, I testified that the OCC Pilot program's criteria was too restrictive to benefit many of the people who need it. These criteria have not been changed for those who refuse voluntary treatment.

My son had had at least 18 hospital admissions, yet never met the Pilot's requirement of two *involuntary* commitments within a 12-month period for outpatient *involuntary* commitment. Like most patients, my son learned early on that agreeing to voluntary admission meant he could then usually get out within 72 hours of signing a request to leave.

When the nurse providing my son's monthly medication injection left his outpatient clinic, my son refused the prescribed injection from the new nurse. That was when my son needed AOT. Instead my son deteriorated so much that he assaulted my then 71-year-old husband, who ended up on the floor, bloodied from head wounds, and traumatized. My son now has a criminal conviction. Only after committing a crime could my son get court-ordered outpatient service. Now, even with a history of violence, he would not be eligible for the OCC Pilot program.

The Baltimore OCC pilot has provided no cost-benefit analysis or even important outcome data on hospitalizations or medication compliance. I would love to see this program continue but totally redesigned according to best practices as recommended by the American Psychiatric Association and the Treatment Advocacy Center. If a cost-benefit analysis of the revised program were done including state and county expenses for police, incarceration, judicial system, and hospitals, I believe our state would recognize this as a win-win for all of us.

**HELP IN THE HOME TESTIMONY FOR  
Public Safety & Judicial System Committee of the Commission to Study Mental and  
Behavioral Health in to express support for the establishment of  
REAL Assisted Outpatient Treatment (AOT) in Maryland**

Hello. My name is Ashia Mann. I am speaking today in support of the incredibly important work being done with the implementation of AOT in the State of Maryland. I am also representing the agency for which I am an MSW intern; Help in the Home, LLC in Rockville. Our agency provides support to people with severe and persistent mental illness. People for whom this AOT bill will be lifesaving.

Many of our clients lack the capacity to recognize their illness and process reality, causing them to refuse or avoid voluntary treatment. The only way for me to emphatically drive this point home is to share the lived experience of one of our current clients:

“Jack” has been caught in the revolving door of involuntary hospitalizations 12 times in 4 years. After each hospitalization he leaves outpatient treatment and the cycle repeats. He has been arrested and kicked out of various apartments for property damage and disturbances, leading to homelessness. Then the homeless shelter banned him because his medication non-compliance led to him throwing a knife, that fortunately embedded in the wall behind his human target. Only by chance has Jack not harmed or killed anyone or himself. So many of our clients and those who care for and live with them, don’t have the luxury of time to wait.

We CANNOT afford to give a client like Jack, for whom every peer, family and supportive intervention has been attempted, the time to come to voluntary placement or to wait until his psychiatric needs meet criteria for us to file an emergency petition.

With a real AOT in place, Jack could be supported in maintaining compliance with his medications and services through a judicial order to do so...today... and be on his path to stabilization and recovery. Something he, his family and our community all need immediately.

In my research on ethical based practices with this population of adults, it is vital that clients feel a sense of efficacy and autonomy over their own lives. YES, and it is instructive to note that when applied well, AOT improves quality of life. 81% of patients in New York’s program, for example, said AOT helped them to get and stay well; 75% said it helped them gain control over their lives. I hope that soon, Maryland will be able to report similar statistics and not numbers that reflect the higher incarceration, arrest, violence and escalating health care costs that the current revolving door perpetuates.

Thank you for hearing my plea and for those of us working in this field, we need to continue to see larger and more extensive presentations, from the treatment advocacy center and the crucial work they are doing! We cannot get enough of this hard data. Would you please consider adding more of their work to a future date?